

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003518

FILED
Feb 10, 2021
Secretary of State
7002830033CC

Entity Name: AMERICAN UNIVERSITY INC

Current Principal Place of Business:

RUA PRIMEIRO DE MARÇO 971
PÁTRIA NOVA 971
NOVO HAMBURGO, RIO GRANDE DO SUL 93320 - 105

Current Mailing Address:

150 SE 2ND AVENUE 1110
1110
MIAMI, FL 33131 US

FEI Number: 27-2309244

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

R & P ACCOUNTING & TAXES INC.
150 SE 2ND AVENUE
SUITE 1110
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DIAS, MARCOS VIVIANO PHD
Address RUA PRIMEIRO DE MARÇO 971
 PATRIA NOVA 971
City-State-Zip: NOVO HAMBURGO RIO GRANDE DO
 SUL 93320 - 105

Title VP
Name DIAS, CRISTIANA BOHN PHD
Address RUA PRIMEIRO DE MARCO 971
 PATRIA NOVA 971
City-State-Zip: NOVO HAMBURGO RIO GRANDE DO
 SUL 93320 - 105

Title SECRETARY
Name NEVES, CRISTIANO SILVEIRA PHD
Address RUA PRIMEIRO DE MARCO 971
 PATRIA NOVA 971
City-State-Zip: NOVO HAMBURGO RIO GRANDE DO
 SUL 93320 - 105

Title TREASURER
Name DIAS, CRISTIANA BOHN PHD
Address RUA PRIMEIRO DE MARCO 971
 PATRIA NOVA 971
City-State-Zip: NOVO HAMBURGO RIO GRANDE DO
 SUL 93320 - 105

Title RECTOR, CHAIRMAN
Name DIAS, MARCOS VIVIANO PHD
Address RUA PRIMEIRO DE MARCO 971
 PATRIA NOVA 971
City-State-Zip: NOVO HAMBURGO RIO GRANDE DO
 SUL 93320 - 105

Title AMERICAN REPRESENTATIVE
Name COHEN, ROBERTO PHD
Address RUA PRIMEIRO DE MARCO 971
 PATRIA NOVA 971
City-State-Zip: NOVO HAMBURGO RIO GRANDE DO
 SUL 93320 - 105

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERTO COHEN

REPRESENTATIVE

02/10/2021

Electronic Signature of Signing Officer/Director Detail

Date